

AO 435 (Rev. 12/03)		Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER					
Please Read Instructions above					
1. NAME Suzanne Lee Elliott		2. PHONE NUMBER (206) 623-0291		3. DATE 11/18/2014	
4. MAILING ADDRESS 1300 Hoge Building, 705 Second Avenue		5. CITY Seattle		6. STATE WA	7. ZIP CODE 98104
8. CASE NUMBER CR12-0001RSL		9. JUDGE Robert S. Lasnik		DATES OF PROCEEDINGS 10. FROM 3/6/2012 11. 8/22/2013	
12. CASE NAME United States v. Timothy G. Doran				LOCATION OF PROCEEDINGS 13. Seattle, WA 14. Seattle, WA	
15. ORDER FOR <input checked="" type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL		<input checked="" type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS	DATE(S)		PORTION(S)	DATE(S)	
<input type="checkbox"/> VOIR DIRE			<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			Attorney Appt Hrg	8/29/13	
<input type="checkbox"/> OPENING STATEMENT			Evidentiary Hrg	3/22/13, 4/1/14, 5/22/14	
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			<input type="checkbox"/> PRE-TRIAL PROCEEDING		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			Status Hearing	3/6/2012	
<input type="checkbox"/> OPINION OF COURT			Motion Hearing	4/27/12, 9/14/12, 6/10/13	
<input type="checkbox"/> JURY INSTRUCTIONS			<input checked="" type="checkbox"/> OTHER (Specify)		
<input checked="" type="checkbox"/> SENTENCING	10/2/14		Motion Hearing	8/22/13	
<input type="checkbox"/> BAIL HEARING			Change of Plea	9/21/12	
17. ORDER					
CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE 				PROCESSED BY	
19. DATE 11/18/2014				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00

(Previous editions of this form may still be used)

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